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CONFIRMATION NO. 8932

Bib Data Sheet

SERIAL NUMBER 10/620,919	FILING DATE 07/16/2003 RULE	CLASS 606	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 7996-A03-003
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APPLICANTS

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** CONTINUING DATA *****

NONG (P) 8/15/05

** FOREIGN APPLICATIONS *****

None (P) 8/15/05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 09/05/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner signature Initials	STATE OR COUNTRY FL	SHEETS DRAWING 4	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 3
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TITLE

Method and device for treatment of orthopedic fractures

FILING FEE RECEIVED 429	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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